S. No. 2
1—9-4-41
. 5-17-39
>I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

35386

State File No.

FILED NOV 12 1943

Registration District No. 239

Primary Registration District No. 9825

Registrar's No. 4356

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Tallapoosa Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Imp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Twenty Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Tallapoosa (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Macklin Troller
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cordia Troller
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased July (Month) 26 (Day) 1875 (Year)

8. AGE: Years 68 Months 2 Days 28 If less than one day hr. min.

9. Birthplace Obion Co (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Farming
11. Industry or business "

MOTHER FATHER
12. Name Fostene Troller
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Cordia Troller
(b) Address Tallapoosa Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25-43 (Month) (Day) (Year)
(c) Place: burial or cremation Malden Cemetery
18. (a) Signature of funeral director T. C. Knight
(b) Address Parma Mo
19. (a) Oct 29 43 (Date received local registrar) (b) Mrs S. Robinson (Registrar's signature)

1028

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Octber day 24
year 1943 hour 6 minute — A. M.

21. I hereby certify that I attended the deceased from Jan 23, 1941, to Oct 24, 1943; that I last saw h[illegible] alive on Oct 15, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jos W Troller (M. D. or other)
Address Parma Mo Date signed 10/27/43

RECEIVED
District Health Office No. 2,
District File Number 1143-1406
Date Filed 11-11-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Dean C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.